

April 1998

Clinical Center News

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Tree number 154 may be down, but it won't soon be forgotten.

Tree's destiny an historic one

The 200-year-old oak tree removed from the future site of the Clinical Research Center was destined to make history.

The 80-foot tree, known to many as number 154, based on a system to track the trees along the perimeter of the construction site, was one of more than 250 to be either permanently removed or relocated on campus. Saving the trees threatened the construction of the research facility addition after several community sources protested their

See **tree**, page four

Breast Cancer Quilt to be unveiled at the Clinical Center

The first annual National Cancer Institute Breast Cancer Quilt will be unveiled in the Clinical Center early next month during a conference focusing on the disease.

The quilt, consisting of 25 individual twelve-inch square patches, will include artwork and prose developed by women dealing with breast cancer.

"We see the quilt as a tribute, and one way to say thank you to the women who have dedicated themselves to clinical trials participation," said Debra Snyder Kulp, NCI breast cancer social worker. "Creativity is an incredible way to encourage expression of feeling and thought and allow for healing and growth. Each woman has an important story to tell about life, living, fear, love and God. We as the viewer must pay attention to the wisdom which presents itself here."

Viewed by many as a therapeutic approach to coming to terms with a debilitating disease, art therapy has also helped many of these patients see that they are not alone. "The quilt represents all women who struggle with cancer," said CC patient Beverly Barnett. "My story is an important part of the bigger picture and our collective experiences make the disease less abstract."

Diagnosed in 1991, Barnett became a CC patient five years later,

For a preview of the Breast Cancer Quilt's artwork and the insights of its creators, see page six.

after treatments including a mastectomy, chemotherapy, and radiation proved fruitless. According to Barnett, designing a piece for the quilt in itself was helpful. "We often express our thoughts with words," said Barnett. "But symbols and imagery include our emotions and take on personal meaning."

The NCI patient-made quilt, sponsored by the NCI Breast Cancer Think Tank, will be unveiled at the National Breast Cancer Coalition Conference on May 6 in Lipsett Amphitheater. The quilt will be on display in the lobby adjacent to the special events office on the first floor, May 6-May 13.

Also on display in the same area will be The Art for Recovery Breast Cancer Quilts Project, developed by Cindy Perlis and Ernest Rosenbaum, M.D., at UCSF/Mount Zion Health Systems, Inc. The display, consisting of ten quilts made by women living with breast cancer or by their family survivors, will be featured April 29-May 13.

To gain control, take time to learn how to do it

My day is out of control.

What now?

Ever had one of those days where you're trying to handle a ton of things all at once? You're on the highway with portable phone in hand, writing notes to yourself. You get to work only to discover that the parking lot is full, so you drive around some more. And now you find a space.

To avoid being late for work, you run into your office, open the door and discover that two people are holding for you on the phone. One call is from your daughter's school (let your imagination wander here) and the other is from your fellow NIH staff member who needs a report from you in 10 minutes. When you've completed these phone conversations, you turn on your computer, only to discover that there are already twenty e-mail messages

for you. You say to yourself, "My day is already out of control. What now?"

If you can relate to this or a similar start to your day, you may find the following five tips useful:

•Examine your priorities

Look at what you have to do and begin to focus on those 5-7 things that absolutely must get done. It's far better, in my estimation, for you to go through this process of "listing your priorities" versus "prioritizing" your already overextended list of things to do. And don't be afraid to ask someone for help. It's amazing how people will come to your rescue when you simply acknowledge that you need a little help to get back on track.

•Slow down

If you're like me, you tend to work too quickly, trying to take

everything that's throwing your life out of whack and KILL IT! I've learned that life doesn't work that way. You'll get a lot more done if you simply slow down and focus on one thing at a time.

•Carve out some quiet time

By nature, I'm not much into this "quiet time, reflection stuff." Quite frankly, I'd rather work a sixteen hour day, non-stop. However, there is immense documented value to clearing one's mind at some point during the day, in order to stay calm and centered in the midst of the day's highs and lows. Even taking a short 10-minute walk during lunch hour can help reduce your anxiety and help focus your attention on the important things that need to be done.

•Don't neglect your body

What you eat can play a huge role in having the appropriate energy level and stamina needed to get through the day. In particular, make sure that you're getting 8-12 glasses of water during the day. Remember, bringing equilibrium to your day involves taking care of both your mental and physical needs.

•Don't sweat the small stuff

In fact, I recommend you pick up a copy of the book, *Don't Sweat the Small Stuff*, by Richard Carlson. You'll discover that all the ripping and racing, and griping that you did in regards to your day being out of control, was tiny in comparison to the greatest gift you received today....that being the gift of life.

—by Michael Scott

(Scott, president of Empowerment Unlimited, Inc. was a speaker for a work/life presentation held at the Clinical Center this past December. Scott's articles on improving your work life will be featured in upcoming issues of the *CC News*. To suggest a story idea, call us at 6-2563.)



Home again

In the audience for last month's bioethics grand rounds were Dr. Donald S. Fredrickson, NIH director from 1975-1981; Dr. John L. Decker, CC director from 1983-1990; and Dr. Saul Rosen, who served as CC acting director from 1990-1994. See the story on the presentation on page five.

Clinical Center
News

Editor: LaTonya Kittles

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Dutton ponders slogan win

"Caring Hands are Clean Hands." That's the slogan that won hospital epidemiology's recent handwashing slogan contest. Burney "Lester" Dutton, materials management supply technician, said that the slogan just popped into his head. "Since this is a hospital setting, germs are always being spread," he said. "If we wash our hands we can better care for others. It's something that we can't voice enough in this setting."

b r i e f s

Recognition program for volunteers set

CC volunteers will be recognized for their contributions during a ceremony set for April 21 at 11:30 a.m. in Lipsett Amphitheater. The event will include a luncheon, awards, and entertainment.

Nursing ceremony planned

The CC nursing department will hold its annual meeting and awards ceremony on May 5 at 1:30 p.m. in Lipsett Amphitheater. This year's event will include a poster session on nursing research topics. The session will be held from 1-1:30 and 3-3:30 outside Lipsett.

Possible retirement system error

Any employee who was automatically placed into FERS, despite having completed 5 years of creditable civilian service before 1987, may have been placed in the wrong retirement system. These

employees should have been placed under CSRS Offset Coverage, with the right to elect FERS. If you completed 5 years of creditable civilian service as of December 31, 1986, and feel that you may have been placed in the wrong retirement system, contact personnel at 6-6924.

Circus success

Attendees for NIH Night at the Ringling Brothers, Barnum and Bailey Circus held at the MCI Center on March 24 topped well over 10,000. More than 150 CC patients reveled in the fun of clowns, and entertainment. The event raised funds for NIH Charities, including the Friends of the Clinical Center, and the Children's Inn.

Specialist receives resources honor

Jane Thurber, CC personnel management specialist, recently received an NIH Human Resources Management Award. Thurber was one of among several NIH recipients. She was recognized for her initiative,

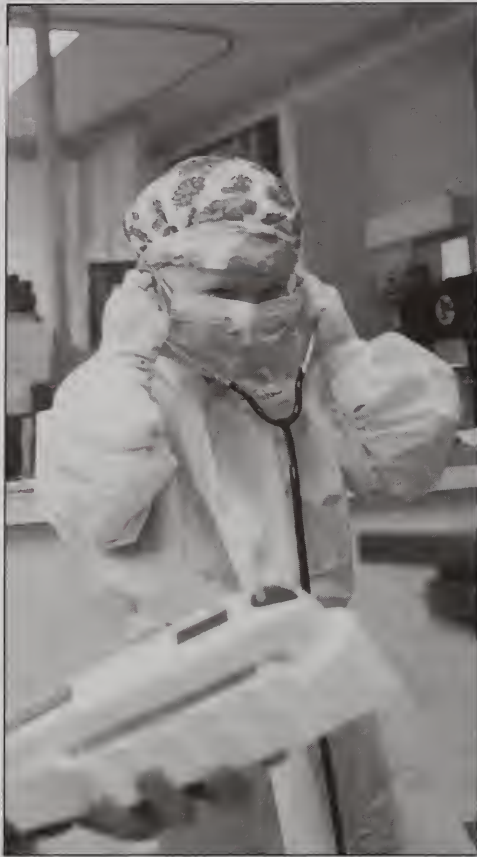
responsiveness, leadership, and commitment to excellence demonstrated by her work with CC managers. She received the award during a ceremony on March 4 in Natcher.

Fogarty fellow awarded

Bob Danner, NIH Fogarty Fellow, won the Henry Christian award from the American Federation of Medical Research. The award, handed out yearly, recognized Danner for the best abstract in immunology.

County recognizes CC volunteer director

Andrea Rander, director of volunteer and language interpreter services, will be recognized with a certificate from the Montgomery County Executive for her role in the "Diversity in Volunteerism Task Force." The ceremony, sponsored by the Board of Partnership, will be held on April 23 at the Pooks Hill Marriott in Bethesda.



Turning the tables

During Children and Healthcare Week last month, young patients switched roles with medical professionals in the Children's Medical Play Clinic held on 11 East. (Above) Dr. John, aka John Beasley, gets ready to treat. (Above right) John Harrington, Beasley, and Katie Leatherwood were decked out in medical gear. (Right) Ann Peterson, 11 West clinical specialist, pretends to have her blood drawn by Harrington.

... tree to keep on making history

(Continued from page one)

removal. NIH and the National Capital Planning Commission determined that major alterations to the construction plans would not be feasible. Instead, NIH made several modifications to the perimeter of the site.

"Through a regrading process, where the edges of the proposed construction area were carefully reviewed and revised, at least 60 percent of the trees along the edge of the construction area that were set to

be removed were spared," said Yong-Duk Chyun, project director, NIH Division of Engineering Services.

Although tree number 154 was not one of those saved, the 14-ton trunk of the giant was donated to the U.S. Navy for restoration of the U.S.S. Constitution, the world's oldest commissioned warship, dating back to 1797.

"Old Ironsides," as the ship is known, set sail last year for the first time in 116 years. Docked in Massachusetts Bay, it serves as a

national monument.

In spite of the controversy involving the removal of tree 154, another portion of it will go down in history. After the tree was felled, a slice was sent for preservation and will become a permanent exhibit detailing NIH historical milestones.

A younger oak tree also removed was donated to Pierce Mill in Rock Creek Park to renovate its mill waterwheel shaft and blades.

—by LaTonya Kittles

First ethics rounds focus on DNR issues

A patient signs an order requesting not to be resuscitated should a crisis arise during a surgical procedure. While in surgery, the patient is inadvertently given too much morphine. Another patient signs a similar order, and during that surgery has an allergic reaction, leading to cardiorespiratory arrest.

Should the doctors ignore the DNR (do not resuscitate) order and administer life-saving procedures when easily reversed errors occur? Or should such an act be viewed as an infringement on the patient's right to self determination?

Scenarios such as these were addressed last month during the first ever CC Ethics Grand Rounds, "DNR in the OR."

Dr. Robert Wittes, NCI, moderated the session. Dr. Richard Alexander, NCI, presented a case study, and Dr. Bob Truog, M.D., Children's Hospital in Boston, was

the guest discussant.

According to Dr. Truog, DNR orders have evolved significantly in the past several decades, encompassing areas in the hospital other than wards and intensive care units. As a result, said Dr. Truog, the American College of Surgeons, among others, has said that DNR in the operating room is acceptable. He stressed the need for a shift toward discussions of patients' personal goals and needs rather than a checklist-type procedure where patients decide the specific circumstances under which they want to be resuscitated.

"Negotiating around goals and values is much more likely to work than negotiating around procedures," said Dr. Truog.

Since some DNR requests, according to Dr. Truog, are a result of patients' concerns that they might leave the operating room in a worse



Dr. Richard Alexander, NCI, (left) discusses the presentation with Dr. Ezekiel Emanuel, director of the CC Department of Clinical Bioethics.

condition than when they arrived, he emphasized the need for doctors to understand the issues surrounding a patient's DNR wishes. He encouraged more dialogue among the medical team, including the anesthesiologist, the surgeons, and their patients, to help establish what is in the patients' best interest.

Participants also discussed several issues that the medical team must address when faced with a DNR request, such as: Why would someone going into surgery sign a DNR order? What was their emotional status at the time of their decision? Did they fully understand the implications of their decision for surgery? Could an alternative, less-risky medical procedure be conducted?

During the session, attendees agreed that there should be a group approach to the request process, including the medical team, the patient, and their family.

On May 6th the next Ethics Grand Rounds will address the issue of informed consent for research with cognitively impaired persons. The guest discussant will be Paul Applebaum, M.D., with the University of Massachusetts Medical Center.

—by LaTonya Kittles

people



Cartledge named

Tannia Cartledge was recently named permanent chief for nursing's adult and pediatric patient care services. Cartledge had served as acting chief for the past year, and past CC posts included staff nurse and nurse manager. She will lead more than 200 nurses to find more efficient operations in the patient care services arena.

Kovacs elected

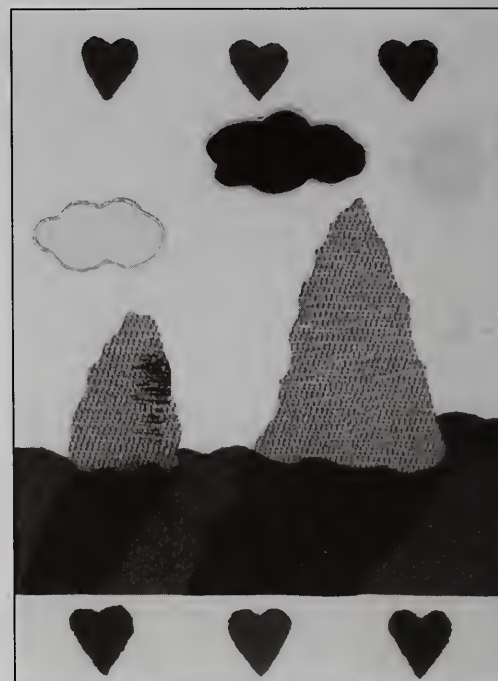
Joseph Kovacs, head of critical care medicine's AIDS section, was recently elected to the Association of American Physicians (AAP).

Kovacs was chosen on his merits in the field of HIV research, specifically the management and prevention of the disease. He is one of the world's leaders in explaining the biology of *Pneumocystis carinii*, and is adept in translating laboratory insights into practical clinical advances. Through research studies, Kovacs helped to define the taxonomy, epidemiology, and immunology of the pneumocystis organism. His research in the field has been published in numerous journals.

The AAP includes over 1,500 medical professionals. Dr. Henry Masur and Dr. Jim Shelhamer of critical care medicine are also members.

The Quilt

The 25 patches that make up the first annual NCI Breast Cancer Quilt reflect the stories of some remarkable women. The quilt is a tribute to their spirit, creativity, and wisdom. Some of their stories are shared here, in words and art.



Symbols (quilt piece above):

The first mountain—a mastectomy, chemotherapy, and radiation in 1991. A green valley—health for 4 1/2 years. A more difficult mountain—a recurrence in 1996. Dark storm clouds over each mountain—coming to terms with disfigurement, loss of hair, and facing mortality. Black clouds—complications I experienced following my stem cell transplant. Silver lined clouds—strength from the challenges of my journey. Heart border—support and love from family, friends, and my medical team. Shadows—fears of recurrence, anxiety about the future. Sunshine—my hopes for a bright future. Dove—God's presence with me each step of the way.

"I am clearer about who I am and what is and what is not important to me. I am more open with giving and receiving love. I live more in the present, aware most days of the gift today is."

—Beverly Barnett

On her mother's gift to her

Her loving actions stay with me
burn my eyes when I remember
Yet her words of love came only
right before her death.

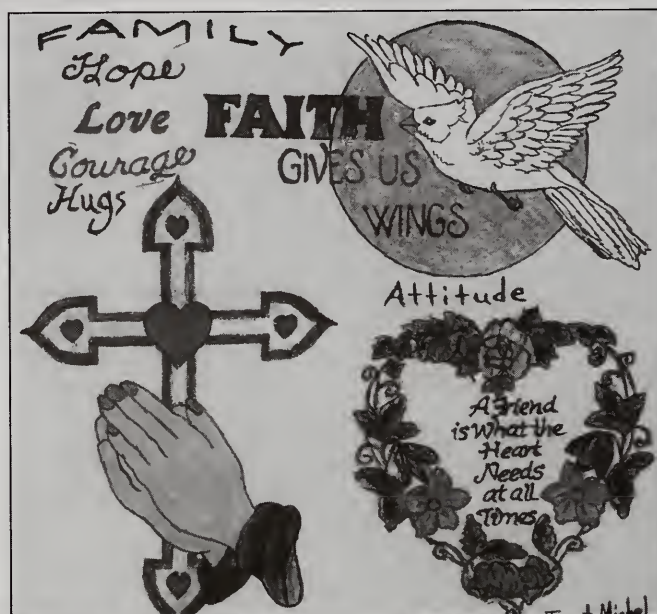
Did she give me this cancer gene?
This predisposition of cancer in my
breast?
Her cancer is not my cancer.

She gave me courage.
I intend to use it.

Judy Mayeux, daughter
Jeanne Coppock, mother

On her attitude (quilt piece at right): "I did my best to show courage during the battle and maintained an upbeat attitude. I did my level best to fight the cancer and show that it was not going to get the best of me. Hugs have a great healing effect. They are a wonderful morale booster. My treatment left me some after effects that make me move a lot slower now but I embrace life and each day is precious."

—Janet Michel



On her journey: "Al final del camino hay muchas flores, arboles y un sol brillante representando la recuperacion, la alegria, el deseo de vivir una nueva vida dandole gracias a Dios bajo un claro y hermoso cielo."

—Smia Garcia

Workers who volunteer help ease patients' worries

After spending much of the morning viewing cells that cause cholesterol-blockages in the arteries, Ina Ifrim, NHLBI biologist, takes a break. However, she doesn't head for the B1 cafeteria or the lounge. Instead, she makes a bee-line to the admissions desk, as she has done for the past five years, to meet her "friends for a few."

Ifrim is one of more than 65 employees who volunteer to translate for patients who come to the Clinical Center for protocols. Although Ifrim's languages of choice are Spanish and French, the group combined also translates Urdu, Norwegian, Arabic, Mandarin, Hebrew, Japanese, and Russian, among others.

Born in Romania and raised in other countries around the world, Ifrim empathizes with the feelings of patients who speak no English. "They must feel completely lost and out of their culture," she said. "I've been through it too, and it's hard. It gives me satisfaction to help them feel more at home."

While assisting patients, volunteers help them through the admissions process, meet with them and their medical staff to assure that they understand the procedures, and discuss the pros and cons of the pending treatment. They are also required to attend training sessions that hone core competencies and set boundaries and standards.

Many departments are grateful for the service, which they see as an integral part of patient care. Although the program requests advanced notice from departments needing the service, employee volunteers are sometimes called at the last minute, requiring the assistance of others to cover job duties.

"These volunteers and their supervisors should be applauded for their role in providing these services to the patients," said Andrea Rander, director of volunteer and language interpreter services.

"The interpreters are an



Ina Ifrim, an NHLBI biologist who works at the CC, uses her language skills to help patients feel more at home.

important part of the CC volunteer program, said Rander. "Their interpreting skills, as well as their familiarity with NIH procedures, help staff better assist patients, and also help family members adjust to

an unfamiliar environment."

Volunteers will be honored at an awards ceremony on April 21 at 11:30 a.m. in Lipsett Amphitheater. National Volunteer Week will be observed from April 19-25.

CC family among dedicated cadre

The Clinical Center is well represented in the list of NIH employees who volunteer their time and services to help patients. They include:

Kim Bui	CC Pharmacy
Yung Chan	CC Clinical Pathology
Marie Charles	CC Social Work
Quyen Chau	CC Pharmacy
Irene Chu	CC Clinical Pathology
Hae Cin Chun	CC Transfusion Medicine
Vickie Chung	CC Clinical Pathology
Anna Ferreira	CC Nursing
Simone Guerami	CC Surgery
Nadia Guirgus	CC Pharmacy
Mohammed Hussein	CC Pharmacy
Chau-Ha Huynh	CC Transfusion Medicine
Tina Levin	CC Social Work
Laura Musse	CC Nursing
Alice Pau	CC Pharmacy
Chung-He Row	CC Clinical Pathology
De Tan	CC Transfusion Medicine
Chi Vu	CC Clinical Pathology
Judith Williams	CC Social Work
Jeannie Wu	CC Pharmacy

Refinements continue to 14th floor room mock-ups

The patient-care unit mock-ups on the 14th floor continue to take form. The current phase includes installation of plumbing and lighting fixtures, as well as room paint and trimmings.



a p r i l

1 Grand Rounds noon-1 p.m. Lipsett Amphitheater

Family Studies of Hyper IgE Recurrent Infection Syndrome: A Clinical-Genetic Collaboration, John Gallin, M.D., CC, Jennifer Puck, M.D., NHGRI, and Robert Nussbaum, M.D., NHGRI

Wednesday Afternoon Lecture 3 p.m. Masur Auditorium

T Cells and How to Keep a Good Thing Going, Philippa Marrack, Ph.D., University of Colorado Health Sciences Center, Denver

8 Grand Rounds noon-1:30 p.m. Lipsett Amphitheater

Mastocytosis and Mutations in C-Kit, Dean Metcalfe, M.D., NIAID

Cerebrovascular Disease and the Aging Brain, Nick Bryan, M.D., CC

These rounds are part of the CenterNet broadcasts to medical schools and hospitals across the country.

Wednesday Afternoon Lecture 3 p.m. Masur Auditorium

Memory Mechanisms, Susumu Tonegawa, Ph.D., Massachusetts Institute of Technology, Cambridge

15 Grand Rounds noon-1 p.m. Lipsett Amphitheater

Cancer Prevention Trials with Antioxidants, Peter Greenwald, M.D., NCI

Unraveling Progressive Supranuclear Palsy, Irene Litvan, M.D., Henry M. Jackson Foundation

Wednesday Afternoon Lecture 3 p.m. Masur Auditorium

Genes and Genomes, Eric Lander, Ph.D., MIT Center for Genome Research, Cambridge

22 Grand Rounds noon-1 p.m. Lipsett Amphitheater

The Brain: Target Organ of the Gonads, David Rubinow, M.D., NIMH

New Strategies for Diagnosis and Treatment of Preinvasive Lung Cancer, James Mulshine, M.D., NCI

Wednesday Afternoon Lecture 3 p.m. Masur Auditorium

Molecular Control of Vertebrate Limb Development, Lee Ann Niswander, Ph.D., Sloan-Kettering Cancer Center, New York

29 Clinical Staff Conference noon-1 p.m. Lipsett Amphitheater

New Aspects of Adrenocortical Regulation: Basic and Clinical Aspects, Stefan Bornstein, M.D., NICHD

Wednesday Afternoon Lecture 3 p.m. Masur Auditorium

Nuclear Receptors: A Superfamily, Ronald Evans, Ph.D., The Salk Institute for Biological Studies, San Diego